

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SEP 20 1934

29222

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1007City Kansas City(No. Lakeside Hospital)File No. 29222

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Gus F. Palmer(a) Residence, No. Mary Lee & Merriam RoadsWard. MerriamKansas

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGrace Palmer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.48229

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation.

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

C. C. Palmer

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Margaret M. Wither

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

Mrs. Grace Palmer
Merriam, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wm. Washington CemeteryAug 71934

19. UNDERTAKER

(ADDRESS)

Thos. M. O'Neil
2235 Hill Street
St. Louis

20. FILED

8-6

19.

34man Crowe

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

19

22. I HEREBY CERTIFY that deceased from

19

I last saw him on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

117 B123 B15

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

23. If death was due to external causes (violence, fill in also the following:

Accident, suicide, or homicide?

Date of injury..... 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

, M. D.

(Address)

